

JAN 18 2007**FAX TRANSMISSION****DATE:** January 18, 2007**PTO IDENTIFIER:** Application Number 10/717,434-Conf. #7002
Patent Number**Inventor:** Charlotte A. Thru et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Christine C. O'Day**PHONE:** (617) 439-4444**Attorney Dkt. #:** 58404(50533)**PAGES (Including Cover Sheet):** 20**CONTENTS:**Transmittal (1 page)
Fee Transmittal (1 page)
Amendment (16 pages)
Request for Continued Examination Transmittal (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/717,434

Attorney Docket No.: 58404(50533)

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| <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p> | | Application Number | 10/717,434-Conf. #7002 |
| | | Filing Date | November 18, 2003 |
| | | First Named Inventor | Charlotte A. Thru |
| | | Art Unit | 1635 |
| | | Examiner Name | T. A. Vivemore |
| Total Number of Pages in This Submission | | Attorney Docket Number | 58404(50533) |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------------------|----------|------------------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature | | | |
| Printed name | Christine O'Day Colleen McKiernan | | |
| Date | January 18, 2007 | Reg. No. | 38,256 48,570 |

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Patent Number

Inventor: Charlotte A. Thruet et al.

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Christine C. O'Day

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Attorney Dkt. #: 58404(50533)

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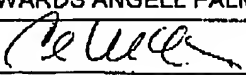
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| | Filing Date | November 18, 2003 |
| | First Named Inventor | Charlotte A. Thru |
| | Art Unit | 1635 |
| | Examiner Name | T. A. Vivimore |
| Total Number of Pages in This Submission | Attorney Docket Number | 58404(50533) |

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| Remarks | | |

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|--|---|----------|------------------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature |  | | |
| Printed name | Christine O'Day Colleen McKiernan | | |
| Date | January 18, 2007 | Reg. No. | 38,256 48,570 |

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| | | | |
|--|--|--------------------------|-------------------|
| FEE TRANSMITTAL For FY 2006 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | |
| | | Application Number | 10/717,434 |
| | | Filing Date | November 18, 2003 |
| | | First Named Inventor | Charlotte A. Thru |
| | | Examiner Name | T.A. Vivimore |
| | | Art Unit | 1635 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 790.00 |
| | | Attorney Docket No. | 58404(50533) |

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| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
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| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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|---|---------------------|---|--------------------------------|----------------------|----------------------------------|----------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| 39 | 41 | 0 | | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 1 | 3 | 0 | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
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| 4. OTHER FEE(S) | | | | | | | |
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| Other (e.g., late filing surcharge): | | | | | | | |
| 1801 Request for Continued Examination 790.00 | | | | | | | |

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| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 38,256 48,570 |
| Name (Print/Type) | Christine O'Day Colleen McKiernan | Telephone | (617) 439-4444 |
| | | Date | January 18, 2007 |